NOTICE OF FEE DUE



DATE:	02-07-00	_			£
TO:	utility				
FROM:	Office of Initial Patent Examination	on			;
SUBJECT:	Fee Due		11		
APPLICAT	ION NUMBER:	660	41		•
A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.					
Insuffic	ient fee by check	70			
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□ Decline	d credit card	·			
□ Non authorization for charge to deposit account					
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The correc	at fee code:/_O	amount	\$	28	0
The susper	nded fee code: 197	amount	- \$	00	
Fee Due	11	amount	=\$	28	<i></i>
If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.					
Terminal C	Operator 95 M	(M)			

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** NUMBER EXTRA **BASIC FEE** 370.00 NUMBER FILED BASIC FEE 740.00 OR TOTAL CHARGEABLE CLAIMS 104 ninus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRESENT X 80 +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II **OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Minus Independent *** <u> X</u>42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE **AMENDMENT PREVIOUSLY** AFTER **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18=OR Minus Independent = X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT PREVIOUSLY** RATE TIONAL **RATE** TIONAL **AFTER EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ST AVAILABLE +140= +280= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT, FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number